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COMMERCIAL CARRIER JOURNAL

DRUG SCREENING

ASIA Heavy Duty Distributor Directory

CHILTON'S
CCJ
COMMERCIAL CARRIER JOURNAL
VOLUME 145 NUMBER 1 JANUARY 1988

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IN THE NEXT ISSUE

February's cover story will tell how the quality philosophy, fostered by Dr. Edwards Deming, has begun to change the way trucking companies operate.

Deming was a major influence in changing the Japanese from producers of cheap, imitative goods to a major economic force.

Keys to becoming a "quality company" are: continuous employee training; single sourcing of supplies and services, with quality taking precedence over price; partnerships with customers; elimination of measuring quality purely on the basis of quotas, and the fear they generate; creation of an environment where management and workers have mutual respect, where there are no barriers to communications, and where employees can have pride in their work. □

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DRUG SCREENING

Despite drug screening's apparent benefits, most fleets aren't testing employees or applicants. And some carriers that test for drugs are woefully ignorant of accepted standards and procedures. Since the federal government is likely to mandate testing this year, it's time for fleetmen to become familiar with the basics of drug screening. This article discusses why carriers should screen, and offers detailed information on how fleet managers can evaluate available procedures, avoid specimen collection problems and select a credible testing lab.

By **PARRY DESMOND**
Executive Editor

Fearful that a zonked out driver or a "high" mechanic who incorrectly installs brake shoes, will cause an accident that could bankrupt the company, many fleets are screening current and/or prospective employees for drug abuse.

But *all* interstate motor carriers may have to hop on the drug screening bandwagon if testing is mandated by the Feds, possibly this year according to Washington insiders. Congress and the Federal Highway Administration recently proposed drug screening requirements that could become effective in 1989.

In addition to reducing the likelihood of an expensive lawsuit as the result of an accident, incentives include fewer workers' compensation and damaged freight claims, better applicants and improved productivity—all leading to bigger profits.

But inquiries of trucking company managers, government officials and drug testing professionals reveal that most fleets aren't testing for drugs, despite the apparent incentives.

Continued

Importance of Factors Selecting a Drug Testing Lab

	Critically Important	Very Important	Somewhat Important	Not at all Important
Accuracy	31%	62%	0%	7%
Forensic Quality	30	43	17	10
Turnaround	22	56	15	7
Litigation Services	21	39	25	14
Service & Convenience	13	60	23	3
Number & Type Drugs Tested	11	52	26	11
Price	3	34	28	34

Percentages do not sum to 100% because "not sure" responses are not included and slight rounding differences occur as a result of the weighting algorithm.

Source: "Survey of the Fortune 500" by Noel Dunivant & Associates, Raleigh, N.C., October 1985.

An informal survey, conducted by CCJ in cooperation with American Trucking Associations (ATA), points out that some carriers that screen are woefully ignorant of accepted standards and procedures key to a successful, cost-effective drug testing program.

This article focuses on basic information fleet management should know about drug testing: an analysis of available tests; how to avoid specimen collecting problems; how to select a testing laboratory.

This story will concentrate on testing urine specimens since it's reputedly the most efficient, cost-effective method of detecting use of illegal substances.

In the balance of the series, controversial issues such as potential legal problems with rehabilitating drug using employees, possible federal mandates, testing under provisions of the Teamsters Master Freight Agreement, and random testing will be discussed.

Why test?

In 1985, Noel Dunivant and Associates, a Raleigh, N.C., research and consulting firm, conducted a survey on drug policy and testing of 180 major U.S. corporations—many with private fleets.

The survey found that 18% of those companies conduct some form of drug screening. Since then, many more firms have initiated testing.

The survey reported the most common types of screening done by those corporations were pre-employment (80%); probable cause after an accident (47%); as part of annual physicals (19%); random tests of employees (13%).

An adverse event, such as a serious accident attributable to an employee under the influence of drugs, was the reason 42% of the companies started drug testing. Concern for the safety of employees was the second ranked (26%) reason.

Few companies started drug programs to increase productivity or because of the high incidence of drug use reported in national surveys.

The Dunivant survey also determined that:

- 53% of respondents thought less than 5% of their workers use drugs, excluding alcohol, to the point that it adversely affects their performance.
- When ranking factors to measure the most important attributes to a drug testing program, 49% placed accuracy as number one. Forensic quality—the ability of the test to stand up as evidence in court—also was highly rated. Companies consider price to be of little concern, compared to accuracy and forensic quality.
- Drugs being tested for by more than 65% of the respondents include cocaine, marijuana, Quaaludes, opiates such as heroin and codeine, PCP, amphetamines, barbiturates, methadone and alcohol.
- Respondents, almost unanimously, reported that top management was satisfied with their drug programs.
- Fewer unskilled job applicants and fewer accidents were the most often mentioned responses when companies were asked positive effects of their programs. Asked to mention a negative effect, the companies' single most response was "nothing."

Types of initial tests

Urine is tested for drug use, whereas blood is analyzed to determine alcohol levels in the body.

That is because urine concentrates drugs, while substances like alcohol are being constantly filtered out of the blood, according to Dr. Richard Cohn, a toxicologist who owns a Warminster, Pa., testing laboratory. He is a nationally recognized expert witness at legal proceedings concerning drug screening.

Cohn also notes that the same test should be given to all employees being screened—no matter how safety sensitive their job is—to avoid legal problems.

The amount of time a drug is detectable in body fluids depends on the drug used, the amount and purity of the drug, how often a person uses it, and the user's age, weight and metabolism rate. For example, THC—the active ingredient in marijuana—can show up in a urine specimen as many as 60 days after the last inhalation, particularly with frequent users. Cocaine, however, usually isn't detectable three days after use.

The most-common urinalysis test methods are:

• **Enzymeimmunoassay (EIA).**
EIA tests can be conducted on-site or by an outside lab.

The most common EIA is the EMIT (Enzyme Multiplied Immunoassay Technique) Drug Detection System, made by the SYVA Co., Palo Alto, Calif.

Basically, EIA causes a urine sample to change color, as measured by a spectrophotometer, to detect and identify drugs.

On-site EMIT testing is less costly than lab testing, provides results immediately and can be conducted by non-technical people using a $4,700 desktop-size analysis machine.

Disadvantages to on-site testing are: potential confidentiality and sample-tampering problems; employer's responsibility for maintaining equipment and chemicals used for testing; need for a secure area to store urine samples; a greater likelihood of errors in results because lab technicians are better trained and higher quality control measures are used.

• **Radioimmunnoassay (RIA).**
The most frequently used RIA is Abuscreen, made by Roche Diagnostics, Nutley, N.J. Basically, low-level radiation is measured with a gamma counter to detect and identify drugs.

RIA tests must be conducted in a licensed lab by technicians trained to deal with radioactive materials.

• **Thin layer chromatography (TLC).**
This test involves "reading" a plate on which chemically-treated drops of urine have been placed.

Drugs are detected and identified visually, via a color change. Since a tell-tale color fades within minutes, there is no permanent record of the test results unless a photograph is taken.

Reading TLC test results requires a high degree of technical expertise.

Although they are slightly more sensitive and give a more definitive test result than TLC tests, EIA and RIA tests don't identify some prescription drugs picked up by a TLC test. But TLC doesn't always detect as minute a quantity of a drug as immunoassay tests.

What they detect

According to "Urine Testing in the Workplace," published by the American Council for Drug Education," EIA and RIA tests are designed to detect eight abused drugs or drug classes: amphetamines; barbiturates; benzodiazepine (Diazepam); cocaine; cannabinoids (marijuana); opiates (i.e. heroin, codeine); methaqualone (Quaaludes); phencyclidine (PCP).

Although there are hundreds of drugs which are illegal unless authorized by a physician's prescription, minimal testing must include marijuana and cocaine, according to U.S. Department of Health and Human Services guidelines for testing federal employees. Opiates, amphetamines (speed) and PCP are also basic candidates for testing.

Confirmation testing

Drug testing professionals agree that a confirmation (backup) test must be different in format and chemical theory from that of the initial test. Follow-up with another initial-type test is inherently flawed, explains Cohn, because an initial test only determines that additional analysis, via a confirmation test, must be done.

Cohn also notes that confirmation tests are necessary because, for example, 500 legal substances can generate a positive amphetamine reading.

However, the CCJ/ATA survey shows that some of the labs motor carriers use try to confirm results of the first drug test by doing another initial-type test. The most rigorous and precise secondary test reportedly is the combination of gas chromatography and mass spectrometry (GC/MS). The GC/MS process breaks down a specimen's compound molecules into patterns that are matched with patterns of known drugs.

GC/MS usually isn't used for initial testing because it requires expensive, sophisticated equipment and must be performed by highly trained technicians.

Test prices

Prices charged for drug tests vary widely, depending on the method used, the level of security and quality control, documenta-

Continued

Gas chromatography and mass spectrometry (GC/MS), which requires expensive, sophisticated equipment and highly trained technicians, is the most precise confirmation test.

tion requirements, and the number of drugs analyzed, according to results of a survey recently published in the Journal of the American Medical Association (JAMA).

However the JAMA study shows that the cost of an initial test ranges from $5 to $20. And GC/MS secondary tests are priced from $30 to $100.

In addition to legitimate factors such as volume discounting and the types of drugs being tested for, the wide pricing range also may reflect fleet management's lack of sophistication about drug testing.

Collecting the specimen

There have been numerous horror stories in newspapers and on television about sloppy or fraudulent drug testing. And drug screening has attracted fast-buck artists trying to capitalize on a market expected to reach $400 million in annual sales of test product and service by 1991.

Proper testing begins at the specimen collection site, which can be in a carrier's or a physician's office, a hospital, a clinic or an independent lab.

Collection sites are the "weakest link" in the drug screening process, says Cohn.

Many of the specimen collection site policies and procedures noted below are incorporated in the U.S. government's guidelines for testing federal employees, and are being used by private companies and testing laboratories.

Here's a checklist motor carrier managers can use to evaluate a potential or existing collection site.

- Place a bluing agent in toilet tanks at the site so the reservoir in the toilet bowl remains blue. There shouldn't be another source of water in the enclosure where the individual urinates.
- Ask testees for photo identification. If unavailable, have a camera on hand to take a mug shot.
- Testees should remove outer garments and turn in items such as purses and briefcases. They might be used to conceal items, such as another person's specimen or substances that can be used to tamper with or adulterate a specimen.
- Testee's unusual behavior or appearance should be recorded.
- Testee must wash hands before and after urinating.
- Until the testee urinates in the privacy of a stall or partitioned area, don't leave him/her alone or allow access to water (hot water can be used to heat contraband urine to an appropriate temperature) or cleaning agents.
- If the site is a public restroom, a site employee of the same sex should accompany the testee into the restroom. After putting a bluing agent in the toilet bowl, the site employee should stay in the restroom (but outside the stall) while the testee urinates in a disposable specimen container. Only the site employee should flush the toilet.
- When the site employee gets the specimen from the testee, make sure there's at least 50 ml of urine in the container. If not, try to collect additional urine.
- Less than four minutes after it's collected, measure the specimen's temperature and inspect it for color and signs of contamination. If the temperature is less than 90.5°F or more than 99.8°F, or other unusual findings are observed, another specimen must be collected, under direct observation. Both specimens should be sent to the laboratory.
- Each stage of the analysis process—including collection, testing, results reporting to clients and storage of specimens until they can be thrown away, plus unforeseen problems—must be recorded on a chain of custody form.
- The testee and the site employee should have the specimen in sight at all times prior to its being tamperproof-sealed and labeled.
- The identification label should include the date, testee's specimen number and other required information. The testee must then initial the label on the container.
- The information on the label should be entered in the site's ledger, and the site employee and testee should sign their name beside that information.
- The testee should read and sign a statement verifying that it's the testee's specimen.
- The site employee should complete the chain of custody form. If the site employee must leave the

It is critical that specimen collection sites and laboratories constantly track the testing process on a chain of custody form to avoid potential legal problems. This screen reflects the system CompuChem Laboratories, Research Triangle Park, N.C., uses to supplement the form.

area during the collection process—even momentarily—the chain of custody form and/or the specimen must be taken along or secured.

• With each transfer of possession, the chain of custody form must be dated, signed by the individual accepting the specimen, and the purpose of the transfer should be noted.

• When mailing specimens to a testing laboratory, they should be packed in a tamper-proof container. A site employee should sign and date the tape sealing the container and ensure that the chain of custody form is attached. An outer mailing wrapper is placed around the sealed container.

Many collection sites use express package services such as UPS or Federal Express to mail specimens because speedy transport should preclude deterioration of the specimens, and a record of receipt is available.

Lab Inspecting

Dr. Cohn, who inspects labs for the Teamsters Union, recommends that fleet managers visit a lab to determine if its procedures meet scientific and legal standards.

Based on suggestions made by drug testing professionals, listed below are procedures to look for when assessing the merits of a lab.

• A written agreement with a lab should include the right to make unannounced inspections at any time.

• Check out the lab director's credentials and his staff's qualifications. And if there is a state licensing program, check with those authorities to see if the lab is registered and/or certified.

• Labs that do a high volume of drug testing—at least 300 tests per week—is an indication (but no guarantee) that it has the trained personnel, equipment and established procedures to provide motor carriers with reasonable service.

• A lab should have at least one employee qualified to testify at legal proceedings. Before signing a contract with a lab, its legal track record should be checked.

• For obvious reasons, access to all parts of a testing lab must be controlled. A lab should have an alarm to signal intruders or a break-in. And a sprinkler system will enhance the security of test data.

• Lab personnel must inspect incoming specimen packages for evidence of tampering and compare information on the specimen container label with that on the chain of custody form, which accompanies the specimen throughout the lab's possession. Discrepancies must be recorded.

Evidence of tampering should be reported immediately to the client and be noted on the chain of custody form.

• Specimens are refrigerated if testing isn't to be done within two days of arrival at the lab.

• In addition to sending a certified copy of the test results to the client, a copy also should be retained by the lab for at least two years.

• Confirmed, positive specimens should be kept frozen for at least 365 days to be available for potential retesting as part of legal proceedings.

When frozen over a period of time, specimens with some drugs may not stay at the same testing criteria level used in the original analysis.

• Labs should have an internal quality assurance program that encompasses specimen collection, screening and confirmation procedures, chain of custody, security and reporting results.

• Each batch of samples tested should include, in addition to quality control specimens sent by clients, specimens that either have no drugs or are fortified with known substances. Similar controls should be applied with confirmation tests.

• In addition to documentation on all aspects of testing, labs should retain for at least two years: personnel files on employees who have access to specimens; chain of custody documents; quality control and accreditation inspection records; hard copies of computer-generated data.

• Before results are certified as accurate and released to a client, they and backup data should be reviewed by the lab director or a certifying scientist. The report should

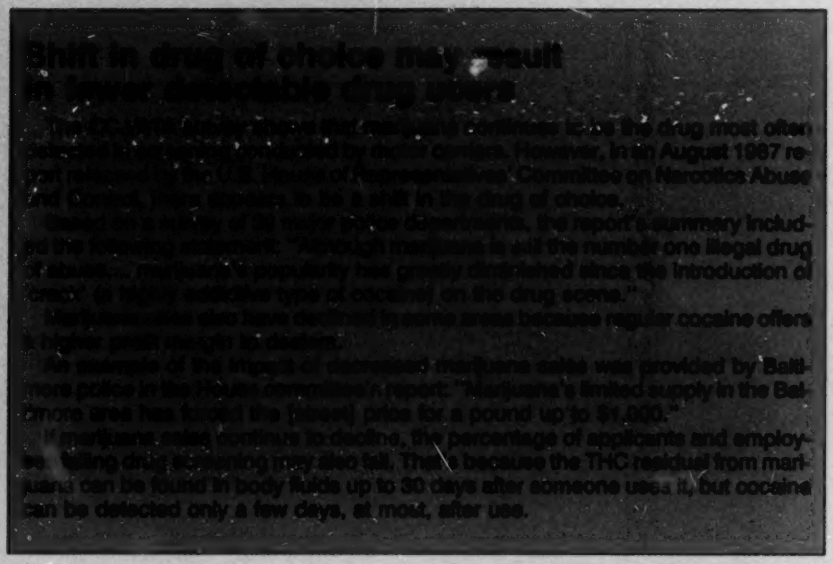
Continued

Drug Detection Periods

Drug	Detection Period
Amphetamines	
Amphetamine	2 - 4 days
Methamphetamine	2 - 4 days
Barbiturates	
Amobarbital	2 - 4 days
Butalbital	2 - 4 days
Pentobarbital	2 - 4 days
Phenobarbital	Up to 30 days
Secobarbital	2 - 4 days
Benzodiazepines	
Valium (Diazepam)	Up to 30 days
Librium (Chlordiazepoxide)	Up to 30 days
Cocaine	
Benzoylecgonine	12 - 72 hours
Cannabinoids (Marijuana)	
Casual Use	2 - 7 days
Chronic Use	Up to 30 days
Ethanol (Alcohol)	12 - 24 hours
Opiates	
Codeine	2 - 4 days
Hydromorphone (Dilaudid)	2 - 4 days
Morphine (for Heroin)	2 - 4 days
Methaqualone (Quaalude)	2 - 4 days
Phencyclidine (PCP)	
Casual Use	2 - 7 days
Chronic Use	Up to 30 days

Detection periods vary; rates of metabolism and excretion are different for each drug and user. Detection periods should be viewed as estimates. Cases can always be found to contradict these approximations.

Source: May 1987 newsletter published by PharmChem Laboratories, Menlo Park, Calif.


Shift in drug of choice may result
in fewer detectable drug users
The Drug Enforcement Administration says that cocaine is now the drug most often
detected in urine samples analyzed by drug-testing companies. However, in an August 1987 re-
port prepared for the U.S. House of Representatives' Committee on Narcotics Abuse
and Control, there appears to be a shift in the drug of choice.
Based on a survey of 39 major police departments, the report's summary includ-
ed the following statement: "Although marijuana is still the number one illegal drug
of abuse, ... marijuana's popularity has greatly diminished since the introduction of
crack, [a highly addictive type of cocaine] on the drug scene."
Marijuana sales also have declined in some areas because regular cocaine offers
a higher profit margin to dealers.
An example of the impact of decreased marijuana sales was provided by Balti-
more police in the House committee report: "Marijuana's limited supply in the Bal-
timore area has forced the [street] price for a pound up to $1,600."
If marijuana sales continue to decline, the percentage of applicants and employ-
ees failing drug screening may also fall. That's because the THC residual from mari-
juana can be found in body fluids up to 30 days after someone uses it, but cocaine
can be detected only a few days, at most, after use.

include drugs tested for and their threshold concentrations.

Instead of just positive or negative test results, some labs will provide quantified results that reflect, for example, the amount of drug traces found in a specimen.

• The faster a lab can provide a client with test results, the less costly it will be for the client. For example, waiting for results of post-accident testing while the employee is on paid leave of absence can be expensive to an employer. A lab should be able to report negative test result within 24-48 hours, while positive results should be available in three or four days.

Telephoning test results to a client, with mailed hard copy follow-up, is risky, particularly when reports are being made on a large number of tests.

That should only be done in isolated, emergency cases. Large labs have telex, electronic mail and facsimile services for expedited reporting to clients.

Be careful

Employers must be careful when reviewing test results. An employee found with 100 nanograms (ng) —billionths of a gram—of THC (the active ingredient in marijuana) in his urine has not necessarily smoked more marijuana or "toked up" more recently than someone with a reading of 50 ng, according to the American Council for Drug Education.

It is possible that the amount of THC from marijuana found in a urine specimen will be greater in the afternoon than in the morning, even though there was no drug use in between.

That's because the intake of fluids can change the concentration of marijuana metabolites as they are gradually secreted from the body.

Just because initial and confirmation testing generate positive results doesn't mean the applicant or employee is a drug abuser. So, a physician should be available to a motor carrier to consider alternate medical explanations, particularly since barbiturates and codeine are legal prescription drugs. Poppyseeds on dinner rolls, some types of tea and non-prescription cold medicines are examples of items that can produce erroneous test results.

The physician should have access to the testee's medical history and records, and the lab's data. And there should be an option to retest the original sample when warranted.

For more information

The publications noted below provide additional detailed information on drug testing.

- *"Scientific and Technical Guidelines for Drug Testing." 1987. The Alcohol, Drug Abuse, and Mental Health Administration, U.S. Department of Health and Human Services, Rockville, Md. 20852*
- *"Urine Testing in the Workplace." The American Council for Drug Education, Rockville, Md.*
- *"Beating the Drug and Alcohol Problem in the Workplace." 1986. Business and Legal Reports, Madison, Conn. 06443*
- *"Standardized Drug Screening for Trucking Companies." October 1986. Developed by Baley O'Connell and Associates in cooperation with the Interstate Carriers Conference, Alexandria, Va. 22314*
- *"Alcohol and Drugs in the Workplace." 1986. Bureau of National Affairs, Rockville, Md. 20850*
- *"Urine Testing for Drugs of Abuse." Research monograph series, National Institute on Drug Abuse, Rockville, Md. 20857.* □

Management Bottom Line

- **Testing generates: better applicants; fewer accidents and claims; more productivity.**
- **80% of major corporations screen applicants and 47% test after an accident.**
- **Preeminent test factors: accuracy and forensic quality.**
- **Initial tests: EIA, RIA and TLC. GC/MS: best confirmation test.**
- **Specimen collection sites are testing's "weakest link."**
- **A physician should verify test results.**

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